



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E384213**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-03109	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK GUARDRAIL

DATE OF COLLISION	12	15	2014	TIME (2400)	1201	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

STATE ROUTE 9 BLOCK NO. ☒ **2800**

MILE POST ☐

DISTANCE **300** **00** MILES ☐ **N** ☒ **E** ☐ **S** ☒ **W** ☐

OF (REFERENCE OR CROSS STREET) **SOPER HILL RD**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **BAILEY** FIRST NAME **RICHARD** MIDDLE INITIAL **C**

STREET NEW ADDRESS ☐ **10811 SR 92**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **BAILERC701CE** STATE **WA** SEX **M** D.O.B. **02** **05** **1930**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

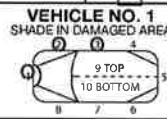
LICENSE PLATE # **AJR0513** STATE **WA** VIN# **1G4HR52K9VH512316**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1997** MAKE **BUIC** MODEL **LESABR** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **WADOT** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS ☐ **310 MAPLE PARK AVE SE**

CITY **OLYMPIA** ST **WA** ZIP **98504**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. **MMDDYYYY**

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**



STATE OF WASHINGTON
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1591972

CORRECTION

REPORT NO. **E384213**

CASE # **14-03109**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Driver of Unit1 pulled into the weigh station in the 2800 SR 9 to adjust his seatbelt. Upon adjusting his seatbelt driver of Unit failed to see the gaurdail and made contact with the guardrail. Unit sustained damage to the front passenger side of Unit 1 and the gaurdail sustained significant damage.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Location Character: WEIGH STATION

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-16-14 11:40 AM

DATED

PLACE SIGNED

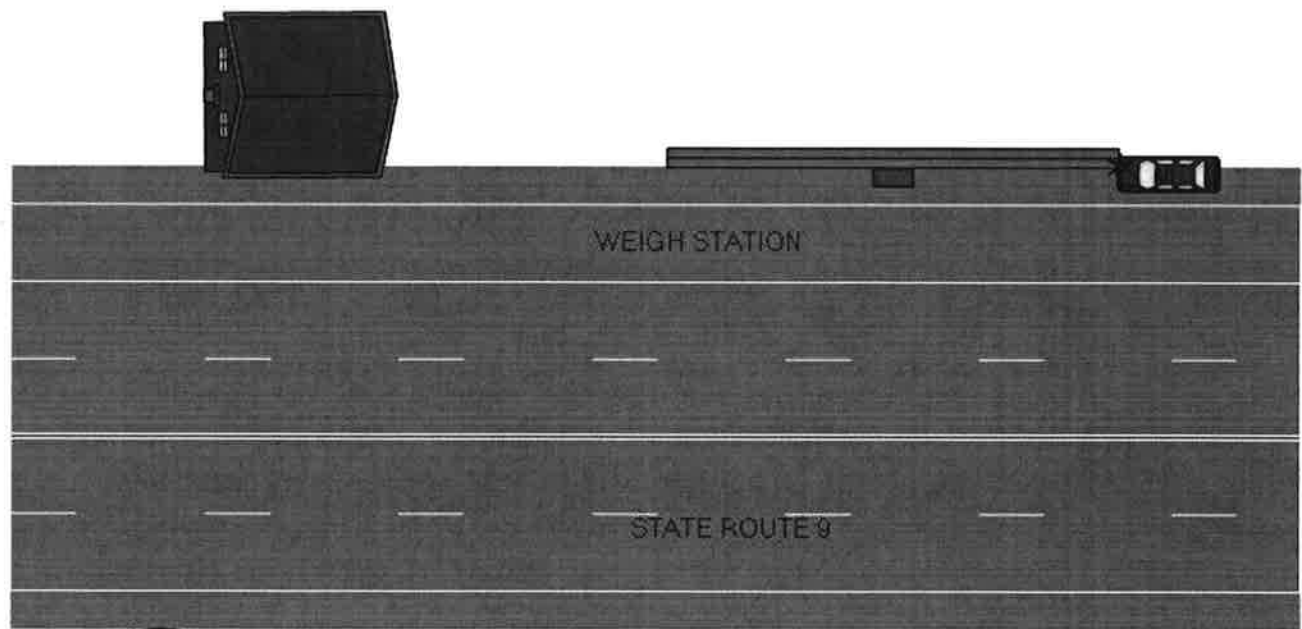
APPROVED BY

RON BROOKS 013

DATE

12/16/2014 4:38:28 PM

BADGE OR ID #	075	ORI #	WA0311900	TIME POLICE DISPATCHED	12:02 PM	TIME POLICE ARRIVED	12:39 PM
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DRAWING IS NOT TO SCALE

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
14-03118

VEHICLE INFORMATION

VIN

5 N 1 A N 0 8 W 6 5 C 6 3 9 4 0 4

LICENSE
AIV1410

STATE
WASHINGTON

YEAR
2005

MAKE
NISSAN

MODEL
XTERRA

☐ Report of Sale MILEAGE ☐ Digital
UNREADABLE

STYLE
UTILITY

COLOR
BLACK

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

TRAVANTI, ANTONY M

NAME (LAST, FIRST, MI)

TRAVANTI, ANTONY

NAME (LAST, FIRST, MI)

STREET ADDRESS

6304 76TH AVE NE

STREET ADDRESS

1242 STATE AVE STE I

STREET ADDRESS

CITY, STATE, ZIP CODE

MARYSVILLE, WA 982708964

CITY, STATE, ZIP CODE

MARYSVILLE, WA 98270

CITY, STATE, ZIP CODE

PHONE

(425)238-6648

DOB

PHONE

PHONE

AUTHORIZATION AND RECEIPT

ON 12/16/2014 AT 06:53 PURSUANT TO RCW 46.55.065 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED

SPEEDWAY TOWING

DRIVER

DRIVEN BY

0

(TOWING FIRM)

(DOL TRUCK NO.)

TO REMOVE THIS VEHICLE FROM

8000 STATE ROUTE 204/81ST AVE NE

(DRIVER'S PRINTED FIRST AND LAST NAME)

(LOCATION)

EQUIPMENT

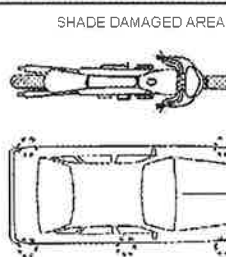
DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☒ [1] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

- ☒ FRONT
☒ R FRONT
☒ R SIDE
☒ R REAR
☒ L FRONT
☐ L SIDE
☒ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____



INVENTORY

NARRATIVE OR DIAGRAM

GYM BAGS

(List reason(s) for impound.)
Vehicle involved in collision

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

Chad Christensen

SNOHOMISH, WA

075

Lake Stevens PD

3000-110-076 (R 07/13)

COUNTY, WA

BADGE NO.

AGENCY

Initial Type: SUSP Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-5 Group: SS1 Beat: NORT
Src: T
Loc: 2900 SR 9 NE, LKS -- WEIGH STATION, LKS btwn SOPER HILL RD & SR 92 (V)

/1316 CLOSE 19D1